

Events at the Center

Grand Rounds at Lindner Center of HOPE are open to physicians, psychologists, social workers, nurses and mental health professionals. 1 CME and/or CEU offered free of charge.

August 30, 2011 Noon - 1:00 pm
Lindner Center of HOPE gymnasium
GRAND ROUNDS: Electroconvulsive Therapy at the Crossroads

Presenter: Nelson F. Rodriguez, M.D., Lindner Center of HOPE, Staff Psychiatrist
Email Angela Dukate, Clinical Educator at angela.dukate@lindnercenter.org or call 513-536-0830 for more information.

July 29 - 30, 2011

International OCD Conference

Lindner Center of HOPE will participate at the 18th Annual International OCD Conference in San Diego. Dr. Charles Brady, Director of Lindner Center of HOPE's Obsessive Compulsive Disorder and Anxiety treatment program and Tom Parker, LISW, Director of External Relations will be available to answer questions about treatment services. Jennifer Wells, MSW, LISW will discuss a fun, hands-on approach to treating OCD.

To read Jennifer's blog, visit:
www.ocfoundation.org/conference_blog.aspx

For conference details, visit: www.ocfoundation.org/Conference.aspx

August 4, 2011 5:30 - 7:00 pm

Eating Disorders:

When, why and where to seek help.
West Chester Library, West Chester, OH. Clinical staff from Cincinnati Children's Hospital Medical Center and patient panelists present information on eating disorders. **RSVP at 513-636-0888.**

Diagnosing Bipolar Spectrum: An Effort to Recommend Broader Diagnosis

PART 2 IN THE SERIES



Bipolar Spectrum is a concept that broadens the definition of and criteria for a Bipolar Disorder diagnosis. Defining a Bipolar Disorder invokes one of the major differences of opinion amongst mental health professionals. At the Annual American Psychiatric Association meeting held in May, **Dr. Susan McElroy, Chief Research Officer at Lindner Center of HOPE presented research evidence supporting a broadening of the concept of Bipolar Disorder and argued that Bipolar Disorder diagnostic criteria needs to account for the broad range of mixed states.** Not a new concept, this controversy started decades ago. Currently, the American Psychiatric Association

and National Institute of Mental Health have developed review teams across the nation to revise the current DSM-IV, the Standard Diagnostic Manual used by mental health professionals worldwide to promote reliable research, accurate diagnosis and appropriate treatment and patient care. The new DSM-V, slated for release in May 2013 will better reflect new scientific understanding.

Bipolar Disorder is believed to have two components, Bipolar I and Bipolar II. A person with Bipolar I has at least one manic episode lasting at least a week up to years coupled with multiple episodes of depression. Psychotic symptoms are common with Bipolar I and if left untreated can severely impair a person's functioning and lead to long term disability. Bipolar II consists of a milder form of mania, called hypomania, lasting several days or longer and although it can be persistent and cause significant distress, psychotic symptoms are absent and the degree of symptoms is less than those associated with Bipolar I.

A National Comorbidity Survey Replication (NCS-R) funded by the National Institute of Mental Health suggests that the prevalence of Bipolar Disorder may be more accurately characterized as a spectrum disorder. It also found that many people with the illness are not receiving appropriate treatment. "People with Bipolar subthreshold disorder have manic and depressive symptoms as well, but they do not meet strict criteria for any specific type of bipolar disorder noted in the DSM-IV," the findings showed. "Nonetheless, the symptoms an individual can present with can significantly impair their ability to function," says Dr. McElroy.

Continued on page 2

More on the Web

Visit: www.lindnercenterofhope.org/Referrers

How to Make a Referral

Gain access to intake specialists during the hours of 7 a.m. - 11 p.m. 24-hour admission is available for emergencies

Tell Us What Interests You

Do you have an idea for future articles? Share your ideas with us, email us at terriann.fredette@lindnercenter.org.

Follow us on



Partnership Enhances Services To Adolescents



Cincinnati Children's Hospital Medical Center and Lindner Center of HOPE are pleased to formally announce the official start to our collaborative relationship in providing care for adolescents with mental illness. Effective July 6, 2011, Cincinnati Children's Division of Child and Adolescent Psychiatry will operate the acute inpatient, partial hospitalization and Inpatient Adolescent Eating Disorder programs at Lindner Center of HOPE. Patients and their families will continue to receive the highest level of care and expertise you have come to expect from both organizations.

Cincinnati Children's leasing of the 16 bed adolescent inpatient unit and adjacent partial hospitalization program at this location expands the mission of working to keep kids

close to home. Both Cincinnati Children's and Lindner Center

of HOPE are especially excited to be able to provide improved access to partial and inpatient pediatric psychiatry care with a specialized track for eating disorders staffed by the Harold C. Schott Eating Disorders Treatment Team at Lindner Center of HOPE. This opportunity provides a platform for each of our organizations' best practices and strengths to be leveraged as we work to improve the outcomes for adolescents with mental illness/eating disorders.

We appreciate your support of this partnership and look forward to supporting you and the families we serve.



TO REFER TO THESE PROGRAMS

You may continue to call Lindner Center of HOPE at **513-536-HOPE (4673)** or contact PIRC at **513-636-4124**.

We are hopeful that the transition is seamless for you as a referrer, please let us know of any concerns.



Diagnosing Bipolar Spectrum: An Effort to Recommend Broader Diagnosis

continued from page 1

Bipolar spectrum advocates assert that people diagnosed with anxiety disorders, addictive/impulse control disorders, depressive disorders and/or psychotic disorders can make it difficult to detect an underlying bipolar condition although they often fall within the bipolar spectrum criteria. An argument for considering non Bipolar Disorder conditions to be on the bipolar spectrum is for purposes of a more accurate diagnosis and more appropriate treatments. The NCS-R survey indicated that Bipolar I and Bipolar II each occur in about 1 percent of the population, however Bipolar subthreshold occurs in about 2.4 percent of the population.

At the ninth International Conference on Bipolar Disorder held in Pittsburgh this past June, individuals from 35 countries gathered to discuss how Bipolar Disorder will be diagnosed and treated over the next decade. Conference organizer Dr. David Kupfer, a professor of psychiatry and neuroscience at the University of Pittsburgh Medical School, chairs the task force charged with overseeing the development of new criteria for the DSM-V. As controversy still

surrounds the current Bipolar Disorder definitions outlined in the DSM-IV, the conversation to establish the bipolar spectrum as its own category and its relevance will continue to be debated among psychiatrists.

To read the first article in this two part series visit: http://www.lindnercenterofhope.org/Portals/0/The%20Source_June2011-legal.pdf

What do you think? Join us on LinkedIn to share your thoughts and hear from your colleagues and patient advocates on this APA topic. Will the broadening of Bipolar Spectrum lead to the over diagnosis of bipolar disorder or to more accurate diagnosis and more effective treatments? How will this affect individuals with milder symptoms and those without the illness to ineffective medications with harmful side effects? Has research helped delineate the importance of DSM IV expansion? We hope to hear from you.

<http://www.linkedin.com/in/sibcyhouse>

Effectiveness of Mental Health Prevention is Mounting

The Institute of Medicine released its first report on prevention in 1994, "Reducing Risks for Mental Disorders: Frontiers for Prevention Research" which recommended increases in both research on and implementation of preventive mental health programs. **Seventeen years later the mental health system can look back at the explosion in randomized, controlled studies in prevention which lead some to believe that prevention in areas of mental illness is feasible.**

Preventive mental health programs serve two purposes. **From a business perspective, preventive mental health programs accrue economic benefits.** Each year, mental illness costs the nation \$193 billion. And there are indirect costs that are difficult to quantify such as homelessness, lost earning potential and social security payments. **From a health care perspective, determining an individual's risk factors can lead to better long-term prognoses.** Since half of lifetime mental, emotional and behavioral disorders develop by age 14 and three-fourths of disorders have begun by age 24, prevention can be critical to future outcomes. A National Institute of Mental Health study reveals that an untreated mental disorder can lead to a more severe, more difficult to treat illness, and to the development of co-occurring mental illnesses.

The occurrence of mental disorders increases from the ages of 18-29 to the next-oldest age group of 30-44. Unlike heart disease or most cancers, young people with mental disorders experience disability when they are in the prime of life.

"Recovery looks different for every person," said Rachel Light, Executive Director of Warren County NAMI at the recent Lessons for Faith Leaders Conference. "The earlier you recognize and intervene the better the outcome," Light said. "But it can be challenging because prevention isn't always paid for," said **Brian Owens**, Chief Operating Officer at Lindner Center of HOPE. "When it comes to reimbursement for mental health and mental illness, our country is still very much in an illness model and not a prevention model," Owens stated. "You often cannot prevent a major mental illness. However, if we look at a brain that has untreated schizophrenia for instance, we can see through an MRI that the brain gets worse over time. We know that treatment works and it can slow the progression down," Owens said.

Most recently, a report in the American Journal of Psychiatry discussed findings from the STAR*D Study funded by the National Institute of Mental Health which concluded that children who live with depressed moms are also at high risk for

depression. But successful treatment of the mother has a long-lasting impact on the child. The study is in the final stages of documenting the negative effects depressed moms have on their children. "The study shows us that the faster we can intervene and treat mothers, the greater impact it will make on their children," said **Dr. Julie Hyman** a psychiatrist with the Women's Mental Health Program at Lindner Center of HOPE. "This tells us that regardless of the duration, remission of a mother's depression appears to be related to decreases in behavioral problems and symptoms in their children, thus showing that prevention and treatment does work," Dr. Hyman said.

According to the National Institute of Mental Health, if prevention efforts are to work, "patients need rapid, effective treatments that target the core pathophysiology of these illnesses." And they need tools for early detection and preventive interventions. Dr. David Kupfer who chairs the task force that is developing the new Diagnostic and Statistical Manual of Mental Disorders says in a Pittsburgh Tribune-Review article that he's "hoping for a set of much more targeted early interventions that can identify individuals at risk very early on and treat them in a much more comprehensive and integrated way, the same way we intervene early with diabetes and heart disease."

RESEARCH INSTITUTE ENROLLING

Bulimia Nervosa Study

The Research Institute is conducting a 12 week, single-center study on N-acetylcysteine (NAC) in the treatment of Bulimia Nervosa (BN). Anna Guerdjikova presented preliminary data at the Academy of Eating Disorders International Meeting. The study looks at up to 15 patients to evaluate the efficacy and safety of NAC in the treatment of BN. Bulimia Nervosa is associated with impulsivity and mood disorders and N-acetylcysteine (NAC), an amino acid reducing synaptic release of glutamate, was superior to placebo in reducing impulsive behaviors in pathological gambling and trichotillomania (a psychiatric illness characterized by an irresistible urge to pull out one's own hair leading to noticeable hair loss).

Binge Eating Study

Principal Investigator, Dr. Susan McElroy will oversee a Phase II, multi-center study for adults with Binge Eating Disorder. The study evaluates the efficacy, safety, and tolerability of the medication Lisdexamfetamine. Dr. McElroy presented an overview of Binge Eating Disorder at the Investigators Meeting in Atlanta and Anna Guerdjikova was invited to provide training on clinical measures that will be used in the trial for the 30 participating sites.

Recruiting Research Study Participants

For more information call 513-536-0710 or visit www.lindnercenterofhope.org/PatientsFamilies/Research/ClinicalTrials/EatingDisorderStudies

A Longitudinal Follow-Up of Bipolar Disorder in Women with Premenstrual Exacerbation

Although nearly 90 percent of women experience premenstrual symptoms, most report relatively mild symptoms, with only 5 to 10 percent reporting severe symptoms. Three definable syndromes have been characterized by researchers--premenstrual dysphoric disorder (PMDD), premenstrual syndrome (PMS) and premenstrual exacerbation (PME). Each occurs after the middle of a women's menstrual cycle during the luteal phase.

How do these PMS symptoms affect women with an underlying psychiatric disorder?

To better understand the impact of hormonal fluctuation during the menstrual cycle on the course of bipolar disorder treatment, investigators of the study, "Longitudinal Follow-Up of Bipolar Disorder in Women with Premenstrual Exacerbation," followed women from the STEP-BD study to look at the course of bipolar illness and time to relapse in women with premenstrual exacerbation.

According to author, Rodrigo S. Dias, M.D., Ph.D., "women with bipolar disorder and premenstrual exacerbation have a worse course of illness, a shorter time to relapse, and greater symptom severity, but they are not more likely to meet criteria for rapid cycling. Premenstrual exacerbation may be a clinical marker predicting a more symptomatic and relapse-prone phenotype in reproductive-age women with bipolar disorder."

PMDD is the most severe disorder and has a strong mental health component, with symptoms of irritability, anger, internal tension, sadness and mood swings. For women with PMDD, the symptoms are severe enough to interfere with daily life. "Premenstrual exacerbation (PME) treatment depends on the underlying psychological problem," says **Danielle Johnson, MD** a psychiatrist with the **Women's Mental Health Program at Lindner Center of HOPE**. "If a woman experiences symptoms in this pattern they should fill out a monthly calendar for at least two months to determine with her physician whether she might have one of these syndromes." If so, treatment is available and effective. Johnson reported on the findings at a Journal Club meeting held last month and discussed evidence from the study that showed hormonal sensitivity may result in chronic and persistent mood instability even in the absence of a full-blown illness episode. "Reports of premenstrual exacerbation as a potential marker for a more severe clinical phenotype makes it important to characterize the fluctuations of mood symptoms across the menstrual cycle," Johnson said.

Celebrating A Year of Accomplishments

With your help, we continue to work towards improving the lives of those affected by mental illness. As we approach our third year of delivering mental health treatment to those in need, we look forward to our continued efforts and collaboration over the next year.

Please join us in commemorating our anniversary on August 14 from 5:00 pm-9:00 pm at Embers Restaurant in Kenwood. Live music and dinner is \$50.00 per person.



www.lindnercenterofhope.org

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